PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032

U.S. Patent and Tradems Chice; U.S. Debarts of information unless it itembrary and its OMB center and unless the information unless it itembrary and its U.S. Patent and Tradems of information unless it itembrary a uniformation unless its information unless its informati

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/810,782			ling Date 26/2004	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY 🛛				HER THAN
⊢	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)
\vdash	BASIC FEE		N/A	.ED NO	N/A		N/A	FEE (e)		N/A	FEE (#)
H	(37 CFR 1.16(a), (b), (c)	or (c))	-						ı		
냳	SEARCH FEE (37 CFR 1.16(k), (i), c		N/A		N/A		N/A			N/A	
Ц	(37 CFR 1.16(o), (p), o		N/A		N/A		N/A	<u> </u>		N/A	
(37	TAL CLAIMS CFR 1.16(i))		minus 20 = *				x \$ =		OR	x s =	
	EPENDENT CLAIM CFR 1.16(h))	IS .	minus 3 = *			П	x \$ =			x s =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pape 50 (\$125 tional 50 t	gs exceed 100 in size fee due for each in thereof. See CFR 1.16(s).							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))											
* If t	the difference in colu	umn 1 is less than	r "0" in column 2.		TOTAL]	TOTAL			
	APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							L ENTITY	OR	OTHER THAN OR SMALL ENTITY	
AMENDMENT	01/30/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
ME	Total (37 CFR 1.18(i))	• 9	Minus	·· 20	= 0		X \$25 =	0	OR	x s =	
Ľ١	Independent (37 CFR 1.16(h))	• 1	Minus	3	= 0	П	X \$105 =	0	OR	x s =	
Ĭ.	Application Size Fee (37 CFR 1.16(s))										
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
L		(Column 1)		(Column 2)	(Column 3)						
L		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16(i))	*	Minus		=	П	x \$ =		OR	x s =	
AMENDMENT	Independent (37 CFR 1.16(h))		Minus	***	=	l	x \$ =		OR	x s =	
Z I	Application Size Fee (37 CFR 1.16(s))					l]		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					П			OR		
Г							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For "N THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For "N THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For "(Total or independent) is the highest number found in the appropriate box in column 1.											

This collection of information is equated by 37 CTR 1.10. The information is required to obtain or retain a beautiful by the public which is in 56 feat by the USPTO to moderable any individual control of the property of the CTR 1.10. This collection is estimated to state 2 remained to complete a production form to the USPTO to move with very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segregations form double to sent to the CTR (information CTR). U.S. Patient and Trademark Office, U.S. Department of Commence, D.O. Box 1450, Alexandrius, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO C. Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO C. Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO C. Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO C. Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO C. Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO C. COMMISSIONER OF TO PATIENT SEND TO THE TOP TO THE